

MULTIPLE DEPEN CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM VTO-875)

SERIAL NO.

FILING DATE

10/553,207

APPLICANT(S)

5/22/07

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	2	↓		↓		↓	
TOTAL DEP.	5	↑	↑	↑	↑	↑	
TOTAL CLAIMS	7	████████	████████	████████	████████	████████	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
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100							
TOTAL IND.		↓		↓		↓	
TOTAL DEP.		↑	↑	↑	↑	↑	
TOTAL CLAIMS		████████	████████	████████	████████	████████	